

MAPLEWOOD CENTER
8615 WEST BELOIT ROAD

WEST ALLIS 53227 Phone: (414) 607-4100

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/01): 150

Total Licensed Bed Capacity (12/31/01): 165

Number of Residents on 12/31/01: 141

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

Skilled

Yes

Yes

Yes

143

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		50.4
Supp. Home Care-Personal Care	No					1 - 4 Years		36.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		13.5
Day Services	No	Mental Illness (Org./Psy)	14.2	65 - 74	4.3			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	33.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.7	95 & Over	12.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	17.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	4.3	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	8.5		-----	RNs		38.4
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		8.5
Other Services	No	Respiratory	2.8		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	52.5	Male	18.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	81.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi- dents	% Of All
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	18	100.0	340	37	100.0	108	0	0.0	0	81	94.2	190	0	0.0	0	0	0.0	136	96.5
Intermediate	---	---	---	0	0.0	0	0	0.0	0	5	5.8	190	0	0.0	0	0	0.0	5	3.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	18	100.0		37	100.0		0	0.0		86	100.0		0	0.0		0	0.0	141	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	2.0	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.6	Bathing	0.7	63.8	35.5	141
Other Nursing Homes	0.6	Dressing	10.6	63.8	25.5	141
Acute Care Hospitals	86.1	Transferring	23.4	61.0	15.6	141
Psych. Hosp. -MR/DD Facilities	2.0	Toilet Use	17.7	55.3	27.0	141
Rehabilitation Hospitals	2.4	Eating	50.4	44.0	5.7	141
Other Locations	6.3	*****				
Total Number of Admissions	504	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	8.5	Receiving Respiratory Care		6.4
Private Home/No Home Health	23.8	Occ/Freq. Incontinent of Bladder	51.1	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	21.8	Occ/Freq. Incontinent of Bowel	32.6	Receiving Suctioning		0.0
Other Nursing Homes	5.0			Receiving Ostomy Care		2.1
Acute Care Hospitals	20.4	Mobility		Receiving Tube Feeding		2.1
Psych. Hosp. -MR/DD Facilities	0.4	Physically Restrained	2.8	Receiving Mechanically Altered Diets		28.4
Rehabilitation Hospitals	0.0					
Other Locations	16.4	Skin Care		Other Resident Characteristics		
Deaths	12.4	With Pressure Sores	5.7	Have Advance Directives		88.7
Total Number of Discharges		With Rashes	5.7	Medications		
(Including Deaths)	501			Receiving Psychoactive Drugs		55.3

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.1	88.9	0.97	85.7	1.01	82.7	1.04	84.6	1.02
Current Residents from In-County	97.9	88.1	1.11	86.1	1.14	85.3	1.15	77.0	1.27
Admissions from In-County, Still Residing	13.5	22.9	0.59	17.5	0.77	21.2	0.64	20.8	0.65
Admissions/Average Daily Census	352.4	129.6	2.72	212.2	1.66	148.4	2.37	128.9	2.73
Discharges/Average Daily Census	350.3	133.7	2.62	210.1	1.67	150.4	2.33	130.0	2.69
Discharges To Private Residence/Average Daily Census	159.4	47.6	3.35	87.3	1.83	58.0	2.75	52.8	3.02
Residents Receiving Skilled Care	96.5	90.5	1.07	93.8	1.03	91.7	1.05	85.3	1.13
Residents Aged 65 and Older	100	97.0	1.03	94.0	1.06	91.6	1.09	87.5	1.14
Title 19 (Medicaid) Funded Residents	26.2	56.0	0.47	60.5	0.43	64.4	0.41	68.7	0.38
Private Pay Funded Residents	61.0	35.1	1.74	26.1	2.34	23.8	2.56	22.0	2.77
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	14.2	30.9	0.46	27.3	0.52	32.2	0.44	33.8	0.42
General Medical Service Residents	52.5	27.3	1.92	27.4	1.92	23.2	2.27	19.4	2.70
Impaired ADL (Mean)	50.6	50.3	1.01	51.2	0.99	51.3	0.99	49.3	1.03
Psychological Problems	55.3	52.4	1.06	52.4	1.06	50.5	1.10	51.9	1.07
Nursing Care Required (Mean)	6.3	7.1	0.89	6.7	0.94	7.2	0.87	7.3	0.86